



**Secretary of State  
Business Programs Division**  
Business Entities - Records, P.O. Box 944260, Sacramento, CA 94244-2600

June 4, 2014

PAUL NICOLETTI  
33717 WOODWARD AVE STE #433  
BIRMINGHAM MI 48009

RE: MALIBU MEDIA, LLC 201103910088

This letter is in response to your request for information.

A refund for overpayment in the amount of \$7.00 will be processed and mailed in approximately six to eight weeks. Note: Refunds cannot be applied to future requests.

Certification and Records  
Business Entities Section





# State of California Secretary of State

LLC-1

201103910088

File # \_\_\_\_\_

## Limited Liability Company Articles of Organization

A \$70.00 filing fee must accompany this form.

**Important - Read instructions before completing this form.**

**FILED**  
in the office of the Secretary of State  
of the State of California

FEB 08 2011

This Space For Filing Use Only

**Entity Name** (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME OF LIMITED LIABILITY COMPANY

MALIBU MEDIA, LLC

**Purpose** (The following statement is required by statute and should not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

**Initial Agent for Service of Process** (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

BRIGHAM FIELD

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

4237 AVENIDA DE LA ENCINAL MALIBU CA 90265

**Management** (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

- ONE MANAGER
- MORE THAN ONE MANAGER
- ALL LIMITED LIABILITY COMPANY MEMBER(S)

**Additional Information**

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

**Execution**

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

FEBRUARY 4, 2011

DATE

SIGNATURE OF ORGANIZER

LISA A. GALLO

TYPE OR PRINT NAME OF ORGANIZER



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

JUN 04 2014

Date:

*Debra Bowen*  
Debra Bowen, Secretary of State



**State of California  
Secretary of State**

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**STATEMENT OF INFORMATION  
(Limited Liability Company)**

7

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. LIMITED LIABILITY COMPANY NAME  
Malibu Media, LLC

**FILED**  
Secretary of State  
State of California

JAN 17 2013

This Space For Filing Use Only

**File Number and State or Place of Organization**

2. SECRETARY OF STATE FILE NUMBER  
201103910088

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

**No Change Statement**

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 409 W. Olympic Blvd	CITY Los Angeles, CA	STATE 90015	ZIP CODE
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6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
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7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) 409 W. Olympic Blvd	CITY Los Angeles	STATE CA	ZIP CODE 90015
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**Name and Complete Address of the Chief Executive Officer, If Any**

8. NAME Brigham Field	ADDRESS 409 W. Olympic Blvd	CITY Los Angeles, CA	STATE 90015	ZIP CODE
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**Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member** (Attach additional pages, if necessary.)

9. NAME Brigham Field	ADDRESS 409 W. Olympic Blvd	CITY Los Angeles, CA	STATE 90015	ZIP CODE
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10. NAME Colette Leah	ADDRESS 409 W. Olympic Blvd	CITY Los Angeles, CA	STATE 90015	ZIP CODE
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11. NAME	ADDRESS	CITY	STATE	ZIP CODE
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**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS  
Brigham Field

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 409 W. Olympic Blvd	CITY Los Angeles, CA	STATE CA	ZIP CODE 90015
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**Type of Business**

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

The business is authorized to pursue any lawful business, at present, does video, photographic and internet entertainment

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

August, 2012      Brigham Field

DATE

Manager

TITLE

SIGNATURE

LLC-12 (REV 01/2012)

APPROVED BY SECRETARY OF STATE





**State of California  
Secretary of State**

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**STATEMENT OF INFORMATION  
(Limited Liability Company)**

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Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

## 1. LIMITED LIABILITY COMPANY NAME

Malibu Media, LLC

**FILED**Secretary of State  
State of California

OCT 24 2013

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This Space For Filing Use Only

## File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 201103910088 3. STATE OR PLACE OF ORGANIZATION (If formed outside of California) California

## No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

## Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 409 W Olympic Bl. Suite 501 CITY Los Angeles STATE CA ZIP CODE 90015

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 CITY STATE ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE 409 W Olympic Bl. Suite 501 CITY Los Angeles STATE CA ZIP CODE 90015

## Name and Complete Address of the Chief Executive Officer, If Any

8. NAME Brigham Field ADDRESS 409 W Olympic Bl. Ste 501<sup>QTY</sup> Los Angeles STATE CA ZIP CODE 90015

## Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME Brigham Field ADDRESS 409 W Olympic Bl. Ste. 501 CITY Los Angeles STATE CA ZIP CODE 90015

10. NAME Colette Pelissier ADDRESS 409 W Olympic Bl. Ste. 501 CITY Los Angeles STATE CA ZIP CODE 90015

11. NAME ADDRESS CITY STATE ZIP CODE

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

## 12. NAME OF AGENT FOR SERVICE OF PROCESS

Brigham Field

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 409 W Olympic Bl. Ste. 501 CITY Los Angeles STATE CA ZIP CODE 90015

## Type of Business

## 14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Video, photographic, and internet entertainment

## 15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

10-21-13

Colette Pelissier

Managing Member

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JUN 04 2014

Date: June

*Debra Bowen*  
DEBRA BOWEN, Secretary of State